

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/319,400

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5	1		1			
6		1		1		
7		2		2		
8	1		1			
9		1		1		
10		2		2		
11		2		2		
12		0		0		
13		0		0		
14	1			1		
15	1			1		
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50						
TOTAL IND.	6				6	
TOTAL DEP.	15				17	
TOTAL CLAIMS	21				23	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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